

Healthy Connections Prime Eligible Beneficiaries

2019

Glossary of Key Terms

- **Active Enrollment:** Members with active coverage under Healthy Connections Prime. This does not include individuals who are enrolled but whose coverage has not started yet.
- **Choice** – Choice eligible beneficiaries are not qualified for passive assignment. This includes two groups: those enrolled in Healthy Connections Prime (can choose a different plan at anytime) and those not enrolled but can choose to enroll (opt-in) in the program
- **Eligible Beneficiaries** – full benefit Medicare-Medicaid enrollees, 65 years and older
- **Not Eligible** – Medicare-Medicaid Beneficiaries 65 years and older who are excluded for other factors (e.g., reside in nursing facility, etc.
- **Opt-in Enrollment:** A request by an eligible individual to actively join a Medicare-Medicaid Plan.
- **Opt-out:** A request by an individual to affirmatively decline passive enrollment into the Healthy Connections Prime program. Once an individual has opted out, the State must document this and exclude him/her from future passive enrollment processing. There are three scenarios where opt-out requests can be received:
 - The individual opts-in or is passively enrolled, and then opts out **before** the enrollment effective date. The State must **cancel** the enrollment along with opting the individual out of the program.
 - The individual opts-in or is passively enrolled, and then opts out **on or after** the enrollment effective date. The State must **disenroll** the individual along with opting the individual out of the program.
 - An individual **has not opted-in** to the program and he/she **has not been passively enrolled** but he/she requests to opt-out. The State must opt the individual out of passive enrollment into the program.
- **Out-of-Service Area** – Beneficiaries who live in a county in which there is no participating MMP
- **Passive Assignable** – Beneficiaries eligible to be passively enrolled
- **Passive Enrollment:** An auto assignment into a Medicare-Medicaid Plan for an eligible individual who has not actively chosen to join the program. Please note that if an individual does not take action to end their coverage, their membership in the program will be considered voluntary.
- **Plan:** A Medicare-Medicaid Plan (MMP) that is offering coverage under Healthy Connections Prime.

For More Information

Please visit our website at <http://www.scdhhs.gov/prime> or call the SC Thrive Customer Service Center at (800) 726-8774, Monday-Friday, 8:30 a.m. – 5 p.m. TTY users call 711. This call is free.

January 2019 Eligible Beneficiaries by Type

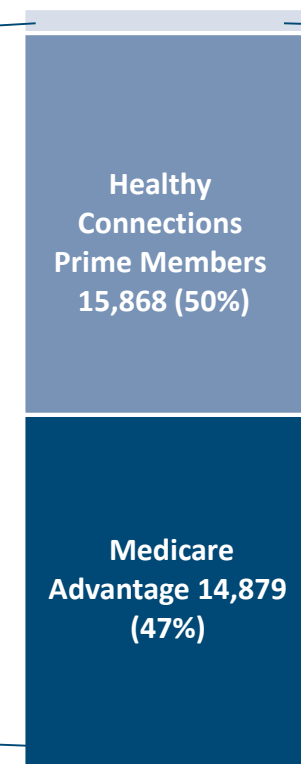
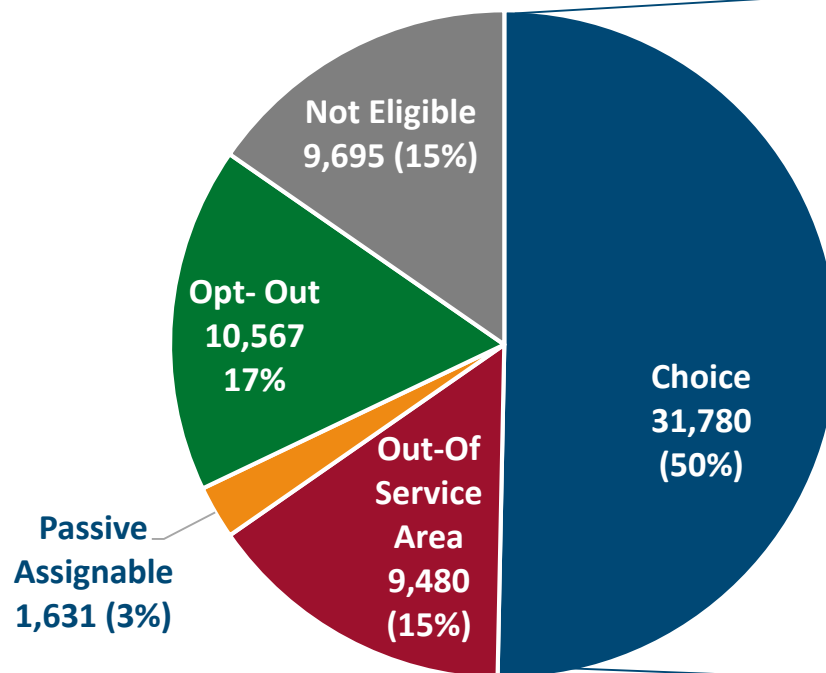


January Active
Enrollments: 15,868

Eligible Beneficiaries: 63,153

Distribution of Choice
Beneficiaries: 31,780

Choice Non-MA
1,033 (3%)



Note: The Eligibility category of a beneficiary is fluid and can change based on eligibility updates, enrollment choice, service area, and care setting .
Source: SAS Visual Analytics (February 2019)

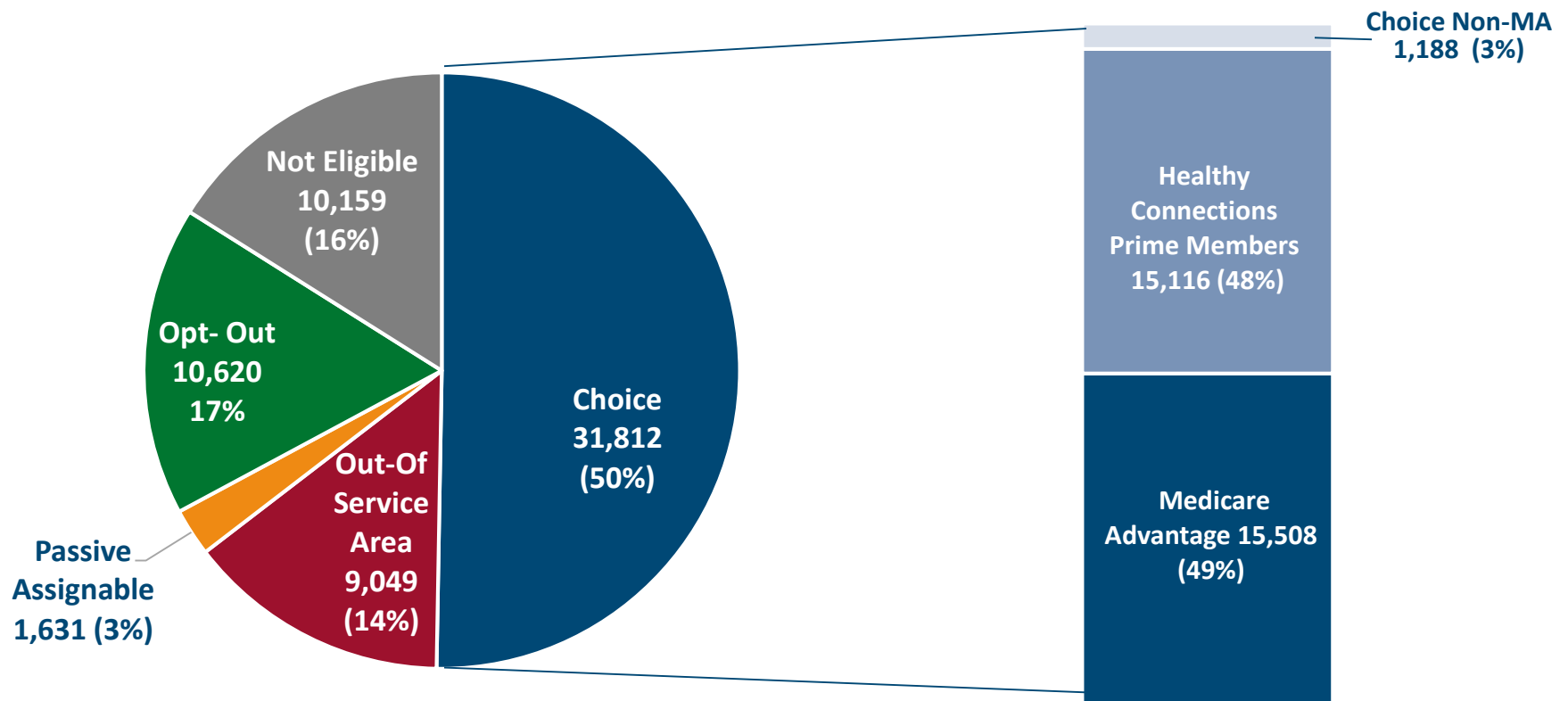
February 2019 Eligible Beneficiaries by Type



February Active
Enrollments: 15,116

Eligible Beneficiaries: 63,271

Distribution of Choice
Beneficiaries: 31,812



Note: The Eligibility category of a beneficiary is fluid and can change based on eligibility updates, enrollment choice, service area, and care setting .
Source: SAS Visual Analytics (March 2019)

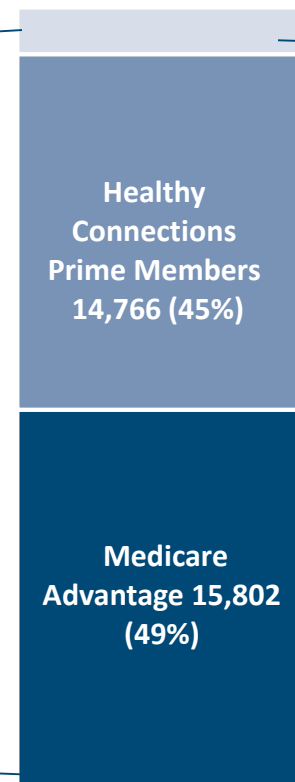
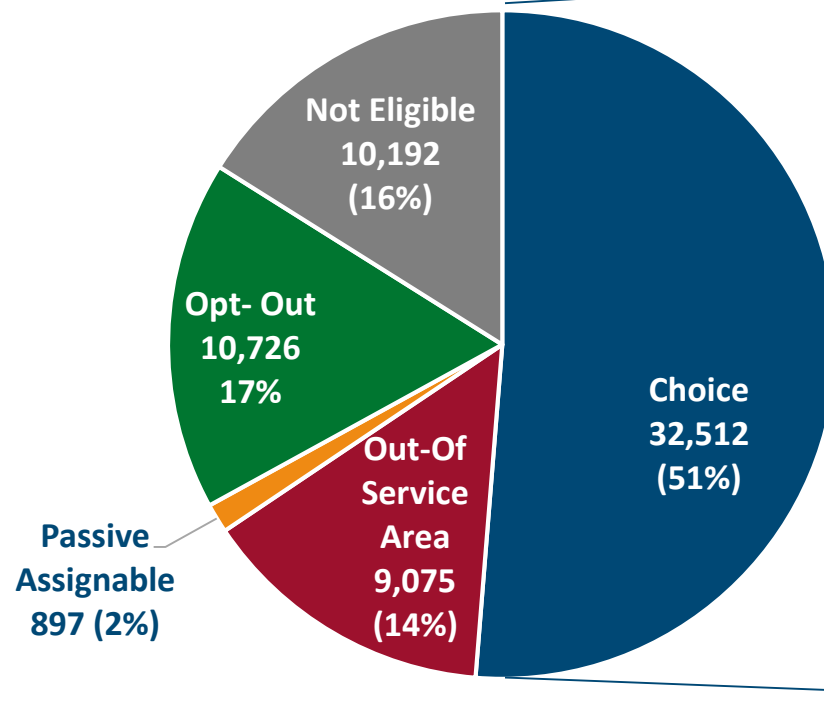
March 2019 Eligible Beneficiaries by Type

March Active
Enrollments: 14,766

Eligible Beneficiaries: 63,402

Distribution of Choice
Beneficiaries: 32,512

Choice Non-MA
1,944 (6%)



Note: The Eligibility category of a beneficiary is fluid and can change based on eligibility updates, enrollment choice, service area, and care setting .
Source: SAS Visual Analytics (April 2019)